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A CASE OF INVERSIO UTERI: WITH A NEW METHOD OF ITS REDUCTION.

By W. WINSLOW OGDEN, M. B.

Inversio uteri, though an accident of rather unfrequent occurrence, is worthy of our most careful consideration, inasmuch as it speedily places the life of its subject in the greatest peril, on the one hand; or should she resist the immediate effects, from nervous shock or loss of blood, and its reduction, within a few hours, fail to be accomplished, hopeless sterility, with its inevitable accompaniment, unhappiness, will be the deplorable result.

As the accident, in the past, has not always been the consequence of carelessness, it may be that some practitioner who reads these lines will have to grapple with it at the conclusion of the very next case of labor he may be called on to attend; its lines, I was presume, that it is worthy of more than a cursory neare.

Having to treat a case of the kind under consideration, somewhat recently, I am the better prepared to appreciate its nature and surrounding terrors, as well as the more satisfactorily to weigh many of the conflicting opinions entertained regarding its successful management.

I am not of the opinion that in every case of uterine inversion, even where the degree of displacement is perfectly apprehended, we should pursue a stereotyped method of treatment, as the remarks of some might lead us to infer; but in this, as in every other mishap of human flesh, stereotyped principles only ought to be entertained.

Take a case of complete inversion of the uterus, the body and cervix having passed the os, and the latter become firmly contracted behind them. Now, to pursue the course usually considered "orthodox," of attempting by force to overcome the obstacle, would not only fail of success, but would most certainly, if persevered in, be attended with danger to the life of the patient,—an unscientific proceeding, at least, not to speak of its recklessness and cruelty.

If each such case be carefully examined on the spot, and the treatment pursued is based on rational principles, having due regard to the vital and important interests involved, no practitioner need have scruples regarding the result.

Whatever may be our views as to the value of eclecticism in philosophy—so strongly sustained by M. Cousin—I have an idea that eclecticism in medicine—the practice of some in these cases—however plausible in the past, will sink into oblivion in the light of better general principles and sounder theories on which to build, and from which to direct, our practice.

REGARDING ITS HISTORY.

Little attention appears to have been bestowed on this subject prior to the beginning of the present century, for concerning it, and some other conditions of lying-in women, much speculation existed. As might be supposed from such premises, the *treatment* of inversio uteri was equally vague. I have no reference now to the progress of medical science in general during the "reform period" (seventeenth and eighteenth centuries), nor to the practice of obstetrics itself about that time; for I remember that it was early in the seventeenth century that Mauriceau, of the Hotel Dieu, Paris, dragged from its beaten paths the art of midwifery, as pursued by the